

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
NOTICE OF DELINQUENCY**

Disaster No. XXXX

**Part One: Applicant Information**

(Completed by Applicant)

A. Name (Last, First, MI): \_\_\_\_\_

B. FEMA Application Number: \_\_\_\_\_

C. Address: \_\_\_\_\_

The above named applicant has applied to the Federal Emergency Management Agency (FEMA) for Mortgage and Rental Assistance. To apply for this assistance, FEMA requires a written Notice of Delinquency. If you have any questions, please contact FEMA at 1-800-xxx-xxxx. (Helpline #)

**Part Two: Delinquency Information**

(To Be Completed By Landlord Or Mortgage Holder)

D. This is a Notice of Delinquency for \_\_\_\_\_  
(Name as it appears on lease or mortgage)

E. Residing at (Address, City, State & Zip)  
\_\_\_\_\_

F. Total outstanding rental/mortgage delinquency \$ \_\_\_\_\_

G. Covering the period from \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YY MM/DD/YY

H. Monthly housing payment of \$ \_\_\_\_\_ is due on the \_\_\_\_\_ day of each month

I. Additional Fees, if any, owed by applicant (please specify type of fee)

_____	\$ _____
_____	\$ _____
_____	\$ _____

J. I certify under penalty of perjury that all of the statements made above are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand FEMA may contact landlords, mortgage lenders, employers, and other third parties to verify the information I have provided, and that the information I have provided is subject to audit. I understand that if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws, which carries penalties including fines, imprisonment of up to 5 years, or both (18 U.S. C. 287 and 1001.)

Date \_\_\_\_\_

\_\_\_\_\_  
Landlord/Mortgage Holder's Name (printed)

\_\_\_\_\_  
Signature of official completing form

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone No.

# FEDERAL EMERGENCY MANAGEMENT AGENCY

## NOTICE OF DELINQUENCY

---

### PRIVACY ACT STATEMENT

**Authority:** The authority to collect information regarding your application for disaster assistance is derived from the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206 and Executive Order 12148, as amended. The authority to collect your social security number is derived from the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d), and 7701(c)(1).

**Primary Purposes:** The information is needed to determine your eligibility for disaster assistance and to refer you to the proper sources of assistance.

**Routine Uses:** The information may be given to federal and state agencies providing disaster assistance, as well as to organizations and agencies from which you are seeking assistance. It may also be shared with insurers or lenders of your damaged property, with other disaster assistance providers to ensure benefits are not duplicated, and with State and local government agencies to promote hazard mitigation measures to reduce repetitive loss from disasters. It may also be disclosed to a national, state, or local law enforcement agency where there may be a violation or potential violation of the law, or to another agency or court when the Government is party to a suit. We may also disclose such information to a federal, state or local agency when we request information relevant to an Agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a Federal agency requests such information for a similar purpose from us. Information may also be disclosed to OMB in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections conducted under the authority of 44 U.S.C. 2904 and 2906.

**Mandatory or Voluntary Disclosure:** Giving this information to us is required to determine your eligibility for assistance. Failure to provide this information will result in delay or rejection of your request for disaster assistance please complete this form and return it to FEMA at the following address: FEMA – MRA Recertification; National Processing Service Center; P.O. Box 10055; Hyattsville, MD 20782-7055; or fax it to: FEMA – MRA Recertification, 1-800-827-8112

### PAPERWORK BURDEN DISCLOSURE NOTICE

"FEMA has estimated the public reporting burden for the **Notice of Delinquency Form** to average 30 minutes per response". The estimate includes the time for reviewing instructions and completing the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Paperwork Reduction Project (3067-0009), Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. NOTE: Do not send your completed form to this address. By law you do not have to respond unless the OMB control number is current.

---

## INSTRUCTIONS FOR COMPLETING NOTICE OF DELINQUENCY

### Part One: the FEMA Applicant should complete Applicant Information

A. Print your name (last name, first name, middle initial) as it appears on your FEMA Disaster Assistance registration.

B. Enter your FEMA Registration ID number. This number was provided at the time of registration and can be found on your correspondence from FEMA.

C. Provide the full address of your current residence (house number, street, city, state, and zip code).

### Part Two: Delinquency Information is completed by the landlord / mortgage holder of your primary residence.

D. Please print the name(s) of the individual(s) receiving Notice of Delinquency as it appears on the lease/mortgage.

E. Identify the full address (house number, street, city, state, and zip code), for which the Notice of Delinquency is issued.

F. Please specify the total dollar amount necessary to bring the applicant's rent/mortgage current (include rental/mortgage payments, late fees, attorney fees, etc.). If there is no delinquency, enter 0.

G. If a current delinquency exists, specify the period of delinquency (date delinquency began to the most recent past due date).

H. Specify the amount of the monthly rent/mortgage payment and identify the day of the month the payment is due.

I. Identify any additional fees, other than the monthly rent/mortgage payment, that was included above. (i.e. late fees, attorney fees, etc). Specify the dollar amount of each fee.

J. AFTER YOU HAVE READ this paragraph please complete your name (print), signature, address, phone number, and date. By signing this form, you are declaring the information is true and correct and you understand the penalties associated with false statements. To be considered for mortgage or rental assistance this form must be completed, signed, and dated.